

United States Postal Service

Postage Statement — Priority Mail and Zoned Rate Standard Mail (B) — Permit Imprint

MAILER: Complete all items by typewriter, pen, or indelible pencil. If you need a receipt, prepare in duplicate.

Mailer Information	Post Office of Mailing		Mailing Date		Processing Category (DMM C050)		USPS Authorized Mailing ID Code(s)				
	Permit No.	Federal Agency Cost Code	Statement Sequence No.		<input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Irregular Parcels <input type="checkbox"/> Outside Parcels						
	Permit Holder's Name and Address (Include ZIP Code)		Telephone		Receipt No.						
	Container Quantities (Fill in all that apply)										
	Dun & Bradstreet No.		1-Ft. MM Trays		2-Ft. MM Trays		2-Ft. EMM Trays		Total Ltr. Trays		
	CTAS Cust. Ref. ID		Flat Trays		Number of Sacks		Number of Pallets		Number of Other		
	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)		Weight of a Single Piece		Total Pieces		Total Weight		If Bound Printed Matter, Sacking Based On		
	Dun & Bradstreet No.		Dun & Bradstreet No.						<input type="checkbox"/> 10 pcs. <input type="checkbox"/> 20 lbs. <input type="checkbox"/> 1,000 cu. in.		
Postage Computation	<input type="checkbox"/> For bound printed matter (DMM E623 and E633), go to Part A on the reverse of this form. (Check if catalog bound printed matter) → <input type="checkbox"/>						Postage (From reverse side) ➡	Part A		\$	
	<input type="checkbox"/> For parcel post (DMM E622), go to Part B on the reverse of this form. (Check if bulk parcel post) → <input type="checkbox"/>							Part B		\$	
	<input type="checkbox"/> For destination BMC / ASF mail (DMM E652), go to Part C on the reverse of this form.							Part C		\$	
	<input type="checkbox"/> For Priority Mail (DMM E120), go to Part D on the reverse of this form.							Part D		\$	
Additional Postage Payment (Check reason) <input type="checkbox"/> Nonmachinable Surcharge (Inter-BMC Parcel Post Only) <input type="checkbox"/> Special Service (Specify)						No. Pieces	Rate/Fee Per Pc.		= \$		
						x \$.					
						Total Postage ➡ \$					
Certification	The signature of a mailer certifies that it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the mailer, and that both the mailer and the agent will be liable for and agree to pay any deficiencies.)										
	The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).										
	I hereby certify that all information furnished on this form is accurate and truthful, and that the material presented qualifies for the rates of postage claimed.										
	Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.)								Telephone		
USPS Use Only	Single-Piece Weight		Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Total Pieces		Total Weight		If "Yes," Reason						
	Total Postage										
	Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled		Date Mailer Notified		Contact		By (Initials)		Round Stamp (Required)		
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.										
	Signature of Weigher						Time		AM PM		

Form 3605-R — Priority Mail and Zoned Rate Standard Mail (B) — Permit Imprint

A. Bound Printed Matter

Post Office Finance Number

Check as applicable:

☐ Single-piece ☐ Bulk ☐ Catalog

Zone	Single-Piece Rate			Basic Bulk Piece Rate			Carrier Route Bulk Piece Rate			Basic & Carrier Route Bulk Pound Rate			(13) Total Postage Part A
	(1) Number of Pieces	(2) x Rate	(3) = Single-Piece Rate Postage	(4) Number of Pieces	(5) x Rate	(6) = Basic Piece Rate Charge	(7) Number of Pieces	(8) x Rate	(9) = Carrier Route Piece Rate Charge	(10) Number of Pounds	(11) Pound Rate	(12) BPM Pound Rate Charge	
Local					\$.53			\$.467			\$.023		
1 & 2					.70			.637			.043		
3					.70			.637			.063		
4					.70			.637			.099		
5					.70			.637			.152		
6					.70			.637			.209		
7					.70			.637			.277		
8					.70			.637			.335		
Totals													

B. Parcel Post

☐ Check if bulk parcel post

Zone	Inter-BMC Parcel Post			Intra-BMC Parcel Post			Total Postage Part B
	Number of Pieces	x Inter-BMC Rate	= Inter-BMC Postage	Number of Pieces	x Intra-BMC Rate	= Intra-BMC Postage	
Local							
1 & 2							
3							
4							
5							
6							
7							
8							
Totals							

C. Destination BMC / ASF Mail

Zone	Number of Pieces	x	Destination BMC / ASF Rate	=	Total Postage Part C
1 & 2					
3					
4					
5					
Totals					

D. Priority Mail

Zone	Presorted Pieces			Single-Piece / Residual Pieces			Total Postage Part D
	Number of Pieces	x Presorted Priority Rate	= Presorted Priority Postage	Number of Pieces	x Priority Rate	= Single-Piece Priority Postage	
Local							
1 & 2							
3							
4							
5							
6							
7							
8							
Totals							